

CLAIMS ONLY							Application Number 09/817345		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	1							51			
2	1							52			
3		1						53			
4		1						54			
5		1						55			
6		1						56			
7	1							57			
8	1							58			
9	1							59			
10	1							60			
11	1							61			
12		1						62			
13		1						63			
14		1						64			
15		1						65			
16	1							66			
17	1							67			
18		1						68			
19		1						69			
20		1						70			
21		1						71			
22		1						72			
23		1						73			
24		1						74			
25		1						75			
26		1						76			
27		1						77			
28		1						78			
29		1						79			
30		1						80			
31	[scribble]							81			
32		1						82			
33	1							83			
34								84			
35								85			
36								86			
37								87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
Total Indep	10							Total Indep			
Total Depend	22							Total Depend			
Total Claims	32							Total Claims			

BEST AVAILABLE COPY